

à vulnere, catarrhus acutus, catarrhus chronicus, asthma, periodicum convulsivum, dyspnoea continua, and hydrothorax. Here is a jumble of diseases! How can statistics be instructive if framed under such a guide? No comment is required to show what important omissions there are, and how superfluous some are, whilst others are merely the symptoms of diseases. Under "dyspnoea continua," many an old soldier has enjoyed the *dolce far niente* in hospital, or obtained his discharge from the service. I merely notice such important omissions as pleuritis, pericarditis, pulmonary apoplexy, empyema, &c.

Perhaps it is hardly grateful for one who was so long aided by this table of diseases, to ridicule and pick holes in it, but it is almost laughable to observe how diseases have been mixed up higgledy piggledy; for instance, rheumatism, lumbago ischias, are followed by toothache, and then follows arthritis, after which come sundry exanthemata in no kind of order. In another place we find apoplexy, paralysis, then dyspepsia followed tetanus and epilepsy. Then follows a list of diseases with no regard whatever to arrangement, some of them only symptoms of more important diseases: we find, for example, mania, atrophica, and anasarca following each other. Further on, we find vermes, scrofula, hydrarthrus, and so on. Then again what can be more misleading than the classification of syphilitic and venereal disorders?

I do not desire to be too hypercritical, else I might go much further in showing how thoroughly unfit the official table of diseases under consideration is to serve as a guide to correct statistics. Let me refer your readers to the table itself; on perusal of it they will scarcely fail to agree with me, that its immediate revisal is demanded, for the credit of the Medical Department of the Army. At least half of the diseases might be struck out, if not more. Modern nomenclature ought to be adopted, and the table ought—of course with the addition of diseases peculiar to soldiers, and various climates—to be as nearly as possible assimilated to the statistical tables furnished by other departments. The simpler the classification is the better; simplicity is not the merit of the present table, whatever other recommendation it may have. Medical officers should be instructed to abstain from classifying cases so long as their character remains doubtful. I cannot at all see the advantage of statistics, on any subject, if they are not as nearly as possible accurate; and I venture, without fear of contradiction, to state that, except in the records of particular and well-marked epidemics or prevailing diseases, no confidence whatever can be placed on the accuracy of statistics furnished by the Returns of the Army Medical Department. First, numerical accuracy is interfered with by cases being entered under certain heads of disease before the real diseases have developed themselves, and in consequence they have to be discharged and readmitted under the correct disease, thereby causing one case to appear as two; and secondly, accuracy in nomenclature is interfered with by the necessity, which is insisted upon, of naming diseases in official returns, it may be before the medical officer is assured of their character. This latter error might be obviated by having the returns which are furnished (except at monthly, or, better still, quarterly intervals) only numerical, with foot-notes explanatory of the nature of prevailing diseases. In a quarterly return the medical officer would be enabled correctly to name nearly all the diseases embraced in the period, except, perhaps, in a few recent cases, which might be noted as doubtful, and left to be disposed of in a future return.

In the above remarks I have taken some liberties with the Hospital Regulations of the Army, but have done so with no hostile feeling towards a department with which my sympathies and many pleasing recollections are bound up. I would strongly urge the entire revisal of these regulations, a sample of the many inaccuracies of which I have been endeavouring to point out.

I am, Sir, your most obedient servant,

JAMES JOHNSTON, M.D., F.R.C.S.E.,
Queen-street, Edinburgh, Retired Regimental Surgeon.
Oct. 1857.

EXCISION OF THE ULNA.

To the Editor of THE LANCET.

SIR,—I am induced to beg the favour of your inserting a few lines in your journal, from the circumstance of finding in last Saturday's LANCET the following words:—"The entire ulna has been removed several times with success, Mr. Fergusson, Mr. Jones, of Jersey, Mr. Erichsen, and others, having performed the operation." This statement presents such a manifest contradiction to an assertion in a printed report of a case of my own as to require some refutation. That to which I

refer appears in one of the last numbers of the *Medical Times* for 1856, and also in a small brochure lately published: "I should have delayed writing out this case for some months had I not been informed by indisputable authorities that there are none recorded in England in which the entire ulna has been removed," &c. &c. The "indisputable authorities" on whom I place so much reliance are precisely the two talented surgeons with whom you have done me the honour to associate my name. Mr. Fergusson, in the last edition of his work, says:—"I have never had occasion to remove the whole of the radius or ulna, but I have taken away large portions of each frequently. Dr. Bute, of Virginia, and Mr. Jones have taken away these bones from end to end, and with success," &c. While Mr. Erichsen's words are: "Dr. Carnochan, of New York, and Mr. Jones have successfully excised the whole ulna, and Dr. Bute, of Virginia, the whole radius."

You will thus at once perceive the reason of my requesting you to rectify the error in your report on the interesting case of excision of the radius by my friend Mr. Savory, of the Great Northern Hospital.—I am, Sir, yours obediently,

St. Heliers, Jersey, Oct. 1857. GEORGE M. JONES, L.R.C.S.E.

RUPTURE OF THE SPLEEN.

To the Editor of THE LANCET.

SIR,—In your impression of the 24th inst. there is an interesting report of a case of recovery after rupture of the spleen, in which the writer expresses some surprise at the slight amount of peritonitis that ensued; and asks, "Was the hæmorrhage stopped by a coagulum?" The following case bears upon these two points.

Alfred S—, aged twenty-eight years, was admitted into Colston ward, St. Bartholomew's Hospital, under the care of Mr. Lloyd, July 8th, 1853. Face flushed; expression anxious; talking incoherently; breathing hurried and abdominal, respirations 40; skin hot and dry; pulse 130, small and thrilling; tongue covered with a thick, dry, brown coat. Abdomen full, rather tense, but not tender. No external bruise. He complained of intense thirst.

It was ascertained that four days previously he had fallen out of a hay-loft, striking in his fall his left side against the edge of a water-butt.

The lower lobes of both lungs were very dull to percussion, and there was no vesicular murmur to be heard over them, only tubular breathing; there was a loud double murmur over the cardiac region. He died the following day.

The body was examined twenty-two hours after death. The heart was very much enlarged; the aortic and mitral valves extensively diseased. The lower lobe of each lung was in the commencement of the second stage of pneumonia; and there was recent lymph smeared over the opposed surfaces of the pleura on each side, corresponding to the extent of the inflamed lung. The peritoneum was *not at all inflamed*. Its cavity contained a large quantity of blood in a fluid state, of which thirty ounces were collected. The spleen was very much enlarged, measuring ten inches in length. Its structure did not seem much altered; perhaps it may have been a little softened. On its under surface there was a rent an inch and a half in length, extending deeply into its substance. The orifice of this was concealed by a large clot of firm, healthy-looking fibrin, which adhered pretty closely to the margins of the rent. There was no other injury. The other viscera were healthy.

This case shows, I think, that effusion of blood into the peritoneal cavity is not necessarily followed by peritonitis; and that hæmorrhage from a ruptured spleen may be arrested in the way suggested by Dr. Hyde Salter.

I am, Sir, your humble servant,

FREDERIC JOWERS,
Late House-Surgeon at St. Bartholomew's Hospital.
Sussex County Hospital, October, 1857.

INSANITY AND COMMISSIONERS IN LUNACY.

To the Editor of THE LANCET.

SIR,—For the very admirable and elaborately-written editorial article which appeared in the columns of THE LANCET, on the 5th ultimo, in connexion with what you have happily termed "Lunacy Police," I, as a party deeply interested in the subject, cordially thank you.

It is not now for the first time that your influential and independent aid has been given in furtherance of the welfare and best interests of the suffering insane of all classes. As a